

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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EDITOR

*Rabies Control**

By GEO. M. STEVENS, M.D., Assistant Health Officer, Los Angeles.

The prevention of disease is superior in all ways and at all times to treatment after acquisition. I could not choose a better illustration of this known truth than this very subject of "rabies control," for here we are dealing with a disease of which we have sufficient knowledge at the present time, to stamp it off the face of the earth.

The facts are definite and proven. We know that the saliva of dogs and other rabid animals carry the filtrable virus; that a person or animal bitten by such an infected one, after a variable incubation period, depending upon the animal and the locality of the bite, develop signs and symptoms and that without proper cauterization of the wound and the Pasteur treatment, death invariably follows in a few short days. The finding of the "Negri bodies" in the cells of the central nervous system is accepted the world over by scientists as proof of the disease.

When proper cauterization of the wound has been done early, followed up by the Pasteur treatment, prevention of rabies is 99.5 per cent perfect. It is only an occasional death that occurs when the infected wound is close to the brain, the poison following a short nerve trunk.

Why then all this hullabaloo about rabies control?

Los Angeles and southern California for years has been the hot bed and center of rabies infection. As long ago as 1916 it had become of national signifi-

cance, for at that time the U. S. Biological Survey, one of the eleven bureaus of the U. S. Agriculture Department found that rabies had extended from our environs to four neighboring states. The loss of live stock in Nevada alone the preceding year had been estimated by stock owners to exceed \$500,000. The seed of infection came from us, and were it not for a campaign inaugurated and carried out by the government, the whole country throughout the United States would be, as we are now, overrun with rabies. The government with a large force of hunters cleaned up the wild and domestic predatory animals serving as carriers, and very justly, I think, left us to our fate.

First of all, in any program for rabies control, opposing organizations must be considered, what they will do, how they will react to any control measure and the putting over or enforcing of control measures. It's always the other fellow who needs control; the wise would make laws for the foolish and the foolish would make them to control the wise. In the consideration of control measures, therefore, let us remember that only such control measures may be enforced as meet with the approval of the majority. We must consider the possibilities of cooperation first, and then—

The rights of a dog lover.

The rights of a dog.

The rights of a child.

The rights of an adult human.

Our neighbor's rights.

* Read before the University of Southern California School of Citizenship and Public Administration, Section on Public Health, June 12, 1931.

The rights of a municipality.

Our duty to the State and United States.

With all of these things in mind, let us consider—methods:

1. Exclusion of dogs from affected territory. (This would be impractical for many reasons, one which I desire to mention is that many of us who believe in rabies control, love and like to keep dogs.)

2. Collection and impounding of all dogs (ownerless and owned) running at large. This implies:

3. Confinement of dogs to owners' premises, leading up in turn to

4. Licensing and tagging of dogs with yearly renewal.

The combination of these three measures—the yearly tag license, confinement of the dog to the owner's premises, and the collection and impounding of all dogs, tagged or untagged, running the streets or at large—will free a community from rabies in from six months to a year's time, and keep it free just as long as these three measures are rigidly enforced. These measures, with the new California State dog law, the Charles W. Dempster law, that puts a cash value on a dog bite, which provides that the owner of a dog which shall bite any person while the latter is on a public place, or lawfully on a private place, shall be liable for damages, regardless of the former viciousness of the dog, or the owner's knowledge of the animal's viciousness, will, in my estimation, give us rabies control.

The International Conference on Rabies held in April, 1927, after due consideration adopted the following resolution:

"That the Conference believed and agreed that rabies could be exterminated only by *the restriction of the dog*, unless it is muzzled or *confined to the premises of the owner*; and the *extermination of the ownerless dog*."

Muzzling is inefficient unless universally employed. No one ever saw a mad dog wearing a muzzle and in its presence the muzzled animal is at the mercy of its antagonist. According to Hertwig, the universal muzzling of dogs in Berlin led to the eradication of this disease in that city for eight years (1854–1863). However, in May, 1863, two rabid dogs from the rural district found their way into Berlin and within a few weeks, notwithstanding that all the dogs in the city were still wearing their muzzles, between 20 and 30 cases of rabies in human beings occurred.*

In April, 1897, the English Board of Agriculture, under great opposition determinedly enforced muz-

zling over large areas in England and maintained it for six months after the occurrence of the last case.

In two years the disease was stamped out; then, owing to false sympathy for the dog, the law was repealed and rabies at once commenced to increase. The law was once more enacted and relentlessly enforced for two years, when rabies disappeared entirely. With the exception of now and then a case and the local resort to muzzling again for a period, the disease has been held in check. A strict quarantine of six months against all outside dogs is now maintained, but dogs are no longer muzzled. Undoubtedly England has benefited greatly from muzzling and would resort to it again should rabies become prevalent.

Registration, licensing, taxing, leashing of dogs, confinement to owners' premises, and the new Dempster law will, in my opinion, if properly enforced, prove to be preventive although the Englishman will tell us that these are only restrictive measures.

In the study of control measures, it is more important to know what can be made lawful and enforced, and to make use of those methods that can be put over, than it is to aspire to the ideal and fail.

If I know the temper of the citizens of Los Angeles, they will not stand for muzzling or compulsory vaccination against rabies at this time.

Dog Licenses:

In the United States licenses are issued variously by state, county or municipality. Enforcement of the ordinances requiring the registration of dogs is usually within the police powers of such local corporations, but some states, such as Pennsylvania and Connecticut, have general laws on the subject.

Registration of dogs above the age of six months is usually required annually; a stated fee is paid for the license, the applicant receiving a tag which must be attached to the dog's collar as evidence of such registration. In case the tag is lost, a duplicate may be obtained, but failure to register or claim a dog after pick up, under most ordinances, authorizes the authorities to dispose of it.

In some localities, where rabies vaccination is enforced, an extra tag shows that the dog has received its yearly vaccination protection.

It has always seemed to me that a reasonably stiff license fee should be imposed; say \$5 for a male or neuter dog, and \$10 for a female, with strict enforcement and collection of fees. Kennels should receive special rates. If a man is unable to pay this fee, for instance, a blind man, or a cripple, then exceptions should be made, but ordinarily if a man is too poor

* Victor C. Vaughn, M.D., "Epidemiology and Public Health," Vol. II, page 855.

to pay such a tax, he can spend the money to better advantage in feeding his children, and should not burden himself, for dogs themselves deserve to be properly cared for and fed.

Rabies is not controlled by allowing dogs to multiply and run free. Even though we cauterize every dog bite and give Pasteur treatment to all that need it, we are each year confronted by a more and more difficult situation and from expense standpoint alone we are courting disaster. In spite of our vigilance an occasional case of human rabies will develop and die a most horrible and painful death. Think, too, of the many individuals, a greater proportion of them little children, suffering the terrible nervous shock involved in the reception and after treatments of bites. Think, too, of the anxiety and fear of those bitten as to whether rabies may develop or not.

One fact needs emphasizing, and that is that physicians and health departments have in nearly every instance of infection, by early cauterization and the use of the very effective Pasteur treatment, prevented human rabies. This has led many people to disbelieve in rabies altogether. An example of an instance in medicine where a specific has actually hindered control measures, and furnishing the "Anti" crowd with their most powerful argument to the uninformed, namely, that hydrophobia does not exist, that it is all a myth, that physicians and scientists are activated entirely by dishonorable money grasping motives.

(Continued in next issue)

DEATH COMES TO PROFESSOR JAFFA

Professor M. E. Jaffa, Director of the Bureau of Food and Drugs of the California State Department of Public Health and Emeritus Professor of Nutrition in the University of California, died at his home in Berkeley, June 28th. Professor Jaffa had not been in good health for the past two years, but he had remained persistently at his work. He was one of the early graduates of the University of California having graduated from that institution in 1876. He was recognized throughout the United States as an expert in nutrition. He had specialized in poultry feeding and had carried on elaborate investigations into the nutritional values of nuts, eggs, avocados and other food products.

When the Bureau of Food and Drugs was organized in 1906, Professor Jaffa was selected as the chief of the Bureau and he had remained at its head almost continuously since its organization. Professor Jaffa was an indefatigable worker. It fell to his lot to conduct the prosecutions of thousands of violators of the Food and Drug Laws. He was eminently successful

in the enforcement of the laws which came within his province, but he never persecuted any one. His objective lay in the education, not only of the public in general, but also of the manufacturers and purveyors of foods and drugs. His influence in providing the people of California with pure foods has been very great. Professor Jaffa stood in high regard among coworkers in his chosen profession and he occupied a unique place in the affections of the members of the staff of the State Department of Public Health.

DR. ADELAIDE BROWN RESIGNS

Dr. Adelaide Brown of San Francisco, who has been a member of the State Board of Public Health since 1915, presented her resignation to Governor Rolph to take effect July 1, 1931. In so far as is known, Dr. Brown is the only woman ever to have served as a member of a state board of health. Her chief interests among public health activities lie in the welfare of mothers and infants and in the provision of high standards in public health nursing. In 1918, during the war, Dr. Brown was made chairman in California of Children's Year activities which were carried on throughout the United States under sponsorship of the Federal Government. As a result of Dr. Brown's activities, during that year, the Bureau of Child Hygiene of the State Department of Public Health came into existence and has functioned continuously since that time. Dr. Brown has distinguished herself for her rare courage, breadth of mind, tolerance, intellectual insight and for the loyal unselfishness that she has given to public health in California.

FOOD POISONING IN HAYWARD

Thirty-six cases of food poisoning among school teachers and school children in Hayward were reported. All of these individuals had eaten potato salad which had been prepared at the school. None of the salad remained for examination purposes. Specimens from the women who prepared the salad were submitted, but the examination has not been completed at this time.

MORBIDITY *

Diphtheria.

53 cases of diphtheria have been reported, as follows: Alameda County 2, Berkeley 1, Oakland 1, Fresno 2, Imperial County 2, Kings County 1, Los Angeles County 6, Alhambra 1, Los Angeles 15, Santa Monica 1, Orange County 2, Corona 1, Riverside 5, Sacramento 2, San Francisco 3, Stanislaus County 1, Ventura County 7.

* From reports received on July 6th and 7th for week ending July 4th.

Scarlet Fever.

45 cases of scarlet fever have been reported, as follows: Alameda 1, Oakland 1, Pittsburg 1, Fresno County 2, Fresno 1, Orland 2, Bakersfield 2, Delano 1, Los Angeles County 1, Alhambra 1, Hermosa 5, Long Beach 3, Los Angeles 9, South Gate 1, Monterey County 1, Anaheim 1, Riverside County 1, Sacramento 1, San Francisco 5, San Joaquin County 3, Santa Maria 1, San Jose 1.

Measles.

269 cases of measles have been reported, as follows: Alameda County 3, Alameda 5, Berkeley 8, Hayward 1, Oakland 17, Contra Costa County 1, Fresno County 2, Fresno 1, Orland 1, Lake County 2, Los Angeles County 18, Avalon 1, Compton 1, Glendale 9, Huntington Park 5, Long Beach 9, Los Angeles 32, Pasadena 7, San Gabriel 1, Santa Monica 1, South Pasadena 1, Whittier 4, Madera County 1, Madera 8, San Rafael 2, Monterey County 6, Monterey 2, Pacific Grove 2, Grass Valley 1, Fullerton 1, La Habra 3, Placentia 1, Plumas County 1, Riverside 1, Sacramento 7, San Bernardino County 3, El Cajon 3, San Diego 38, San Francisco 29, Stockton 2, Paso Robles 3, Santa Barbara County 4, Santa Maria 2, Santa Clara County 3, Mountain View 5, Palo Alto 1, San Jose 3, Santa Clara 1, Santa Cruz County 4, Santa Cruz 1, Ventura 1.

Smallpox.

8 cases of smallpox have been reported, as follows: Hanford 1, Los Angeles County 1, Salinas 1, Orange County 1, San Francisco 1, Siskiyou County 1, Dinuba 1, Yolo County 1.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Los

Angeles 1, Pasadena 1, Mariposa County 1, Sacramento County 1, San Luis Obispo County 1, San Luis Obispo 1, Sutter County 1, Tulare County 1, Davis 1.

Whooping Cough.

135 cases of whooping cough have been reported, as follows: Alameda County 4, Alameda 1, Berkeley 13, Oakland 9, Los Angeles County 13, Alhambra 2, Compton 2, Glendale 1, Long Beach 6, Los Angeles 17, San Fernando 1, San Gabriel 2, Sierra Madre 1, Whittier 1, Lynwood 1, Maywood 1, Monterey County 2, Santa Ana 1, Plumas County 1, Sacramento County 1, Sacramento 2, Hollister 1, San Diego 15, San Francisco 7, San Joaquin County 2, Lodi 1, Stockton 1, San Luis Obispo County 6, Paso Robles 2, Palo Alto 1, San Jose 6, Sonoma County 1, Lindsay 9, Yolo County 1.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Glenn County 1, Los Angeles County 2, Los Angeles 2.

Trichinosis.

Woodland reported one case of trichinosis.

Undulant Fever.

Stanislaus County reported one case of undulant fever.

Septic Sore Throat.

Monterey Park reported one case of septic sore throat.

Food Poisoning.

22 cases of food poisoning have been reported, as follows: Alameda County 15, Long Beach 4, San Francisco 3.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending July 4 received by July 7	Week ending			Reports for week ending July 5 received by July 8
	June 16	June 20	June 27		June 14	June 21	June 28	
Actinomycosis	1	0	0	0	0	0	1	0
Anthrax	0	0	0	0	1	0	0	0
Chickenpox	276	189	125	82	274	228	116	106
Coccidioides Granuloma	0	0	1	0	0	1	0	0
Diphtheria	70	62	54	53	49	46	57	46
Dysentery (Amoebic)	1	3	1	0	1	0	2	1
Dysentery (Bacillary)	4	4	5	2	0	8	13	4
Encephalitis (Epidemic)	2	0	1	0	1	2	1	0
Erysipelas	20	9	12	7	14	10	16	13
Food Poisoning	13	4	2	22	8	23	1	0
German Measles	5	10	6	4	8	11	4	9
Gonococcus Infection	160	123	156	116	119	112	104	121
Influenza	32	23	12	16	14	18	26	22
Jaundice (Epidemic)	0	0	0	0	0	0	1	2
Leprosy	0	1	0	0	0	0	2	0
Malaria	3	0	3	0	0	0	0	1
Measles	742	559	412	269	1,579	1,285	1,025	665
Meningitis (Epidemic)	2	3	3	0	5	3	5	2
Mumps	157	149	68	77	478	343	239	162
Ophthalmia Neonatorum	0	2	1	0	0	0	0	0
Paratyphoid Fever	2	3	0	0	5	4	1	1
Pellagra	4	0	0	3	5	1	7	2
Pneumonia (Lobar)	30	24	29	23	48	42	82	20
Poliomyelitis	6	7	3	5	46	52	80	88
Rabies (Animal)	24	21	10	8	21	25	25	15
Rocky Mt. Sptd. Fever	0	0	0	0	0	0	1	1
Scarlet Fever	116	75	74	45	118	85	69	38
Smallpox	17	16	18	8	38	49	43	17
Syphilis	150	148	172	133	163	146	133	116
Tetanus	3	3	1	1	0	2	1	1
Trachoma	0	3	5	0	0	1	3	0
Trichinosis	0	0	0	1	0	0	0	0
Tuberculosis	271	199	234	202	209	233	255	164
Typhoid Fever	19	8	20	9	26	16	23	10
Undulant Fever	4	0	3	1	6	2	2	2
Whooping Cough	209	174	174	135	221	253	161	141
Septic Sore Throat	1	3	2	1	0	0	0	0
Totals	2,344	1,825	1,607	1,223	3,457	3,001	2,499	1,770



You can't live fast and live long.



You can't get smallpox if successfully vaccinated.



You can't know how many people have coughed disease germs on foods which are exposed.



You can't do the most effective work when handicapped by an uncorrected physical defect or suffering from disease.

